## Littleton Public Schools

33 Shattuck St. \* P.O. Box 1486 \* Littleton, MA 01460-4486 \* Phone: (978) 540-2500 \* Fax: (978) 486-9581 \* Website: www.littletonps.org

## Inclusive Preschool Program Application for <u>NEW</u> Community Peers 2020-2021

CHILD'S NAME:		
DATE OF BIRTH:	AGE as of 9/1/2020:	GENDER:
PARENT/GUARDIAN NAME(S): _		
ADDRESS:		
EMAIL ADDRESS:		
HOME TELEPHONE:	CELL PHONE:	
Please check which program you If you wish for your child	u are applying for: to be considered for more than one progran	m, please number your priority.
Four-Day Morning Preschoo	ol Program - child must be <u>3 years</u> of age as	of 9/1/2020.
Four-Day Afternoon Prescho	ool Program - child must be <u>4 years</u> of age a	as of 9/1/2020.
Four-Day Full-Day Preschoo	ol Program - child must be <u>3 years</u> of age as	of 9/1/2020.
Five-Day Preschool Program	<b>n</b> - child must be <u>4 years</u> of age as of 9/1/20	20.
Parent/Guardian Signature		 ate

Please make checks payable to the Town of Littleton. Mail completed application and <u>non-refundable</u> application fee of \$25.00 to:

Connie Farago, Administrative Assistant Shaker Lane School 35 Shaker Lane Littleton, MA 01460

It is the policy of the Littleton Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, gender identity, age or disability in its educational programs, services, activities or employment practices. Further information may be obtained by contacting Justine Muir, District Equity Coordinator at 978-540-2500, jmuir@littletonps.org or 33 Shattuck Street, P.O. Box 1486, Littleton, MA 01460.